



Bib Data Sheet



UNITED STATES DEPARTMENT OF COMMERCE  
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<b>SERIAL NUMBER</b> 09/546,361	<b>FILING DATE</b> 04/10/2000 <b>RULE</b> -	<b>CLASS</b> 428 262	<b>GROUP ART UNIT</b> 1775	<b>ATTORNEY DOCKET NO.</b> P-5534-18	
<b>APPLICANTS</b> Claude Q. C. Hayes, San Diego, CA ; <i>Cyc</i>					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 08/709,516 09/06/1996 <i>ABN</i> WHICH CLAIMS BENEFIT OF 60/003,896 09/18/1995 <i>none</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** SMALL ENTITY **</b> ** 06/14/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged <i>1/24</i> Examiner's Signature Initials					
<b>ADDRESS</b> Bauer & Schaffer LLP 114 Old Country Rd Mineola, MN 11501					
<b>TITLE</b> Heat absorbing temperature control devices and method					
<b>FILING FEE RECEIVED</b> 423	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees		
			<input type="checkbox"/> 1.16 Fees ( Filing )		
			<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )		
			<input type="checkbox"/> 1.18 Fees ( Issue )		
			<input type="checkbox"/> Other _____		
			<input type="checkbox"/> Credit		



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CONFIRMATION NO. 2286

<b>SERIAL NUMBER</b> 09/546,361	<b>FILING DATE</b> 04/10/2000 <b>RULE</b>	<b>CLASS</b> 428	<b>GROUP ART UNIT</b> 1775	<b>ATTORNEY DOCKET NO.</b> P-5534-18
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<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 06/14/2000</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 16
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